

EXHIBIT 3

**[*NEALON* NOTICE OF INTENT FROM
2013 NAMING CUMBERLAND AND SSC]**

SEP-18-2013 16:17 From:

To: 615 254 0459

P.2/7

G. BRENT BURKS

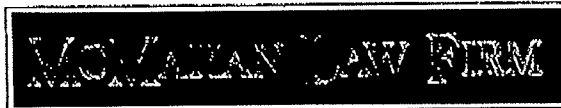
Licensed in Tennessee
Certified as a Civil Trial Specialist
brent@AskTheInsidersNow.com



CHRISTOPHER GENTRY

Licensed in Tennessee and Georgia
christ@AskTheInsidersNow.com

*By the Tennessee Commission on
Continuing Legal Education and Specialization



A PROFESSIONAL CORPORATION

JAMES R. KENNAMER

Licensed in Tennessee, Alabama & Georgia
Certified as a Civil Trial Specialist
jrk@AskTheInsidersNow.com



R. LEW BELVIN, III

Licensed in Tennessee
lew@AskTheInsidersNow.com

JOHN D. MCMAHAN

Of Counsel

Certified in Medical Malpractice
and Civil Trial Specialist
American Board of Professional
Liability Attorneys

323 High Street • Chattanooga, TN 37403
PO Box 11107 • Chattanooga, TN 37401-2107
423-265-1100 • 800-779-5822 • Fax 423-756-8120 • 423-266-1981

1111 N. Northshore Drive, Suite P 290 • Knoxville, TN 37919
865-450-8946 • 865-676-1100 • Fax 865-450-8948

www.AskTheInsidersNow.com

September 3, 2013

VIA HAND DELIVERY

Donathan M. Ivey
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555-7703

Re: NOTICE OF CLAIM PURSUANT TO TENNESSEE CODE ANNOTATED §29-26-122

Patient: Dallas Ray Nealon
Claimant: Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the
Estate of Dallas Ray Nealon, Deceased

Dear Mr. Ivey:

This notice is being provided to you as the registered agent for service of process for Specialty Surgery Center, PLLC. Please read the following:

The full name and date of birth of the patient whose treatment is at issue:

Dallas Ray Nealon
Social Security No.: [REDACTED]
Date of Birth: 5/21/1940

The name and address of the claimant authorizing this notice and the relationship to the patient is:

Claimant: Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the
Estate of Dallas Ray Nealon, Deceased
1260 Crosscreek Drive, Ap. 71., Brunswick, Ohio 44212

The name and address of the attorney sending this Notice is:

James R. Kennamer, Esq.
MCMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100

SEP-18-2013 16:17 From:

To:615 254 0459

P.3/7

This will confirm that I am the attorney representing Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased, the claimant. I am giving you notice pursuant to TENNESSEE CODE ANNOTATED §29-26-121 that a medical malpractice claim will be filed against Specialty Surgery Center, PLLC within the time period required by law. The claim arises out of the severe personal injuries suffered by Dallas Ray Nealon which caused his death on December 9, 2012, after he was injected with contaminated drug products while Dallas Ray Nealon was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF THE ENTIRE MEDICAL RECORDS AND THE ITEMIZED MEDICAL BILLING STATEMENTS OF SPECIALTY SURGERY CENTER, PLLC, WITH REGARD TO DALLAS RAY NEALON.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF ANY OTHER DOCUMENTS WHATSOEVER WHICH WERE GENERATED, CREATED AND/OR ARE MAINTAINED BY SPECIALTY SURGERY CENTER, PLLC, AND WHICH IN ANY WAY DISCUSS OR RELATE TO DALLAS RAY NEALON.

I AM ENCLOSING A HIPAA-COMPLIANT AUTHORIZATION SIGNED BY DARWIN L. NEALON, AS SON, NEXT OF KIN TO AND AS THE ADMINISTRATOR OF THE ESTATE OF DALLAS RAY NEALON, DECEASED, THAT AUTHORIZES RELEASE TO THE McMAHAN LAW FIRM OF A COMPLETE COPY OF THESE MEDICAL AND OTHER DOCUMENTS. I AM ALSO ENCLOSING A COPY OF THE ORDER APPOINTING DARWIN L. NEALON AS THE REPRESENTATIVE OF HIS FATHER'S ESTATE FOR A CAUSE OF ACTION ONLY.

The medical malpractice claim will be filed by Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased. As required by TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased, has executed a HIPAA-compliant medical authorization [enclosed herein] that authorizes you to obtain complete medical records relating to Dallas Ray Nealon, Deceased. For your information, Dallas Ray Nealon has received evaluation and treatment for his injuries with the following medical providers:

Cumberland Medical Center
421 South Main Street
Crossville, TN 38555-5031

Cookeville Regional Medical Center
142 W. 5th Street
Cookeville, TN 38501

Joanna Gibbs Whitmill, M.D.
100 Lantana Road, Suite 202
Crossville, TN 38555

Good Samaritan Society - Fairfield Glade
100 Samaritan Way
Crossville, TN 38558

Cumberland County EMS
84 South Bend Drive
Crossville, TN 38555

If any health care provider does not accept this HIPAA-compliant medical authorization for any reason, then please contact my offices immediately. We will use our best efforts to execute and provide a form of HIPAA-compliant medical authorization which is acceptable to the health care provider that will permit you to obtain complete medical records from that provider concerning Dallas Ray Nealon. Please be advised that neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Dallas Ray Nealon.

SEP-18-2013 16:17 From:

To: 615 254 0459

P. 4/7

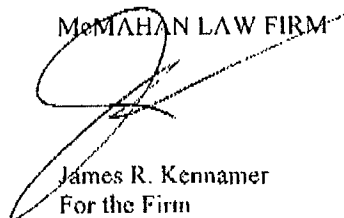
Any correspondence or discussions with this firm about this matter should be directed to me. Please forward this Notice and the enclosures to the appropriate persons at Specialty Surgery Center, PLLC. We believe that this letter complies with the letter and spirit of TENNESSEE CODE ANNOTATED §29-26-121.

If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe that the letter complies with the law in all respects.

Thank you for your attention hereto.

Very truly yours,

McMAHAN LAW FIRM

A handwritten signature in black ink, appearing to read 'James R. Kennamer', is written over the printed name and firm name.

James R. Kennamer
For the Firm

JRK/pwp
Enclosures

NAME AND ADDRESS OF ALL HEALTH CARE PROVIDERS TO WHOM THIS NOTICE IS BEING SENT PURSUANT TO TENNESSEE CODE ANNOTATED § 29-26-121(A) OF A POTENTIAL CLAIM FOR MEDICAL MALPRACTICE:

1. Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555
2. Cumberland Medical Center, Inc.
421 S. Main Street
Crossville, TN 38555-5031

Each provider above is being sent a HIPAA-compliant medical authorization permitting each to obtain complete medical records.